Presentation: Mental Health Interoperability

September 2013

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Session Objectives

• Learn how changes in mental health interoperability can impact care provided to the active duty service member and veteran
• Understand the challenges of mental health interoperability in health care delivery
• Learn how open source innovations can help with many of the challenges of mental health interoperability
• Learn about different open source approaches to mental health in the field
Mental Health and Data Interoperability
What is Mental Health Interoperability?

• It's about including behavioral health data in the continuum of care
  • Behavioral health data with clinical and administrative data, secured
• It's also about the specialized nature of behavioral health data
  • Recognizing social conditions and possible mental health disparities in the delivery of care
  • Linking veterans with mental health challenges with services that wrap around clinical care — social support services (jobs, housing, social networks, and peer support groups), community reentry programs for people who have been incarcerated, on-going monitoring and maintenance of client progress and compliance with treatment regimens
Challenges for Mental Health Interoperability

• How can we build an approach to providing mental health care that facilitates partnerships between individual patients, and their personal providers, and when appropriate, the patient’s family?

• How can we improve quality and safety in the care planning process, using evidence-based medicine and clinical decision-support tools?

• How can DOD, VA and health systems coordinate with one another to reduce inefficient spending?

• How can the DOD and VA ensure the financial stability of mental health delivery services?

• How can DOD and VA improve health outcomes for high-risk beneficiaries with mental health disorders?
How do we implement interoperability in compliance with mental health regulations?

• Disclosure requirements surrounding patient data must be acknowledged when sharing data
  • Must identify a single or specific list of providers to which disclosures may be made.
  • Stating something like “all providers that are involved in my treatment” is not sufficient
  • Must identify the purpose(s) for which the disclosure may be made
  • Must document an expiration date, event or condition
  • Must identify the information that will be disclosed
Establishing the DOD/VA Mental Health Interoperability Challenge
Redesigned DOD and VA Workflow to Better Serve Behavioral Health

- Complex co-occurring disorder treatment

- Targeting care based on automated screening of diagnoses

- Integrating behavioral health systems with electronic health records (EHRs) as additional controlled data sources

To-Be Workflow: Team-Based Approach

Behavioral Health

Provider

Patient

Medical Assistant

Nurse

Chronic Disease Compliance

Acute Mental Health

Acute Care

Chronic Disease Monitoring

Preventative Care

Managed Tracking

Test Results

Care Coordination
What is missing from the current DOD/VA paradigm for interoperability?

• Treatment plan data in structured formats
• Goals and objectives with modality
• Clear structure for problems specific to behavioral health
  • Current coding systems are not structured to support behavioral health analysis
  • Terminology maps to DSM-IV not present
• Details for prescribers of medications (especially controlled substances)
  • Prescriber specialty code
DOD/VA System Level challenges

Data incompatibility

- DOD and VA data are limited in their compatibility - differences in data elements and coding mean that identical service events cannot be identified with confidence

Quality of Current Systems

- DOD and VA maintain multiple behavioral health IT platforms and spend heavily on maintenance of legacy systems

Coding Inconsistencies

- DOD and VA use unique codes at times, and do not always use DSM-IV for diagnosis codes
- DOD and VA also do not always have detailed prescription drug data
Open Source Landscape and Opportunities
Where can open source healthcare solutions help?

- Traditionally, open source solutions have come into play in areas of healthcare where solutions are lacking or a critical need has arisen.
  - Examples – Direct, Blue Button Plus
- Many interoperability challenges don’t necessarily have a monetary benefit to vendors but attract strong interest from development communities and eventually become products.
What standards are out there to drive open source solutions?

- Using FHIR to separate behavioral health data into different data structures
  - Using FHIR to expose behavioral health data using a RESTful API that is secured only for access to certain providers
- Using hData to generate separate file structures for mental health data from other clinical data
  - Example – creating a solution that takes sensitive behavioral health data and builds out a separate virtual hierarchy for them to be accessed
Open Source Solutions at the point of care

- The advantage of collecting data at the level of the encounter is that it can be aggregated and viewed from many perspectives—services, conditions, providers, payers, and programs
  - Especially true for newer updates to Vista and to potential DOD EHR improvements
- Codes for procedures can be developed that are more specific to mental health, substance abuse, and integrated treatments
- Open source solutions (including mobile) can support improvements in encounter-level data capture
Open Source and implementation of HIPAA Requirements

• Another area of focus is collection of encounter level data by using HIPAA-compliant national data standards
  • This will require states to harmonize mental health and substance abuse data elements with those standards
  • It will also require more accurate coding directly at the encounter level in compliance with HIPAA standards
  • The need for applications that can speed up the harmonization of state level data
  • The need for applications that can assist in making encounter level data more structured
Data Driven Approaches

• Applications that break behavioral health data apart into distributed approaches
  • An example of this approach is using NoSQL approaches like Marklogic
  • Distribute behavioral health data in separate physical locations
• Bring data together in data warehouses to break up data silos
  • Link client data across mental health centers and claims (but not with substance abuse system data)
Modular Development Approaches

- Use of modular development to build “apps” for behavioral health
- These apps can be deployed as modules to existing electronic health records to support inclusion of behavioral health data while virtually “separating” and “controlling” the data based on strict data segmentation
- Example of this modular development approach in action is the VA App Store
Areas where additional needs exist

• Additional areas of concentration:
  • Major source of mental health challenges include the prison population, where many mental health issues can arise and treatment plans are limited
    • This includes the veterans community
  • Link substance abuse treatment centers and other mental health care settings to DOD and VA data
  • Applications to include linkage to emergency department records (where many mental health encounters are captured) to DOD and VA data
  • Applications that support a true continuum of care
What’s Happening Now?

• Washington Medicaid Integration Partnership (WMIP)
• Intermountain Healthcare’s Mental Health Integration Program (MHI)
• OpenVista Mental Health (Silver Hill Hospital and West Virginia DHHR Health Network)
• Arizona Clear Care
Why OSEHRA?

- The DOD and VA communities are expected to deal with an increasing number of mental health challenges
- This is an untapped area for OSEHRA development and technical know-how